

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037891

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9895

FILED OCT 10 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN ST. LOUIS, MISSOURI

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Arkansasb. COUNTY Carroll

c. CITY OR TOWN Berryville

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION BARNES HOSPITAL

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS RFD (If outside, give location)

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First CLARK

Middle E.

Last NOECKER

4. DATE OF DEATH

Month October

Day 2

Year 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4/19/1911

9. AGE (last birthday)

52

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Cattleman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Agenta, Illinois.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William P. Noecker

13b. MOTHER'S MAIDEN NAME

Lula Harkelroad

14. NAME OF HUSBAND OR WIFE

Mary E.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No.

Nil.

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mary Noecker, Berryville, Arkansas.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Glioblastoma

INTERVAL BETWEEN ONSET AND DEATH
1 mon.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

193.7

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9/24/63 to 10/2/63 and last saw him alive on 10/2/63
Death occurred at 2:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

BARNES HOSPITAL

22c. DATE SIGNED

10/2/63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE

10-5-63

23c. NAME OF CEMETERY OR CREMATORY

Hewitt Cemetery

23d. LOCATION (City, Town, or county)

Lovington, Ill.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Albert H. Hoppe Inc., 4700 Washington, Blvd.

25. DATE RECD. BY LOCAL REG.

OCT 4 1963

26. REGISTRAR'S SIGNATURE

Earl Smith M.D.

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1

2 80308

3

4 0

5 1

6

7 1

8 2

9

10

11

12 52-0

13

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 14 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J W Binkley

Licensed Embalmer No. *3653*

P. O. Address *19 Lewis St*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.